



PT-10 Pull Tab and Jar Game Quarterly Tax Return

Step 1: Tell us about your organization and account activity

Pull tabs license no. P - _____

Organization's name _____

C/O _____

Number and street _____

City, state, ZIP _____

Quarter ending ____/____/____
Month Day Year

- 1 Is this an amended return?**
yes ____ no ____ ***Station 995**
- 2 Is this a final return?** yes ____ no ____
If "yes," your license will be cancelled.
Note: A "final" return indicates that an organization does not intend to conduct any more events.
- 3 Has your address changed since your last filing?** yes ____ no ____
- 4 Did you sell any pull tabs this quarter?**
yes ____ no ____ **If "no," go to Step 4.**
If "yes," go to Step 2 on the back of this form.

Step 2: Figure your gross proceeds (Step 2 is on the back of this form.)

Step 3: Figure your tax (You must complete Step 2 on the back of this form before you complete Step 3.)

1 Gross proceeds. Write the total of Step 2, Column J. **1** _____|_____

2 Did you have a special permit? yes ____ no ____ (If "no," go to Line 3.)
If "yes," write your special permit number here. PX - _____
Write the dates this permit was issued for ____/____/____ to ____/____/____.
Month Day Year Month Day Year
How many games were played under the special permit? _____
(Do not write number of days sold.)

3 Total tax due. Multiply Line 1 by 5% (.05). **3** _____|_____

4 Write the number and amount of each credit memorandum you want to apply against tax due. You must attach your original memorandum.

Credit number	Credit amount
a _____	_____
b _____	_____
c _____	_____

Add Lines a, b, and c and write the result on Line 4. **4** _____|_____

5 Total due. Subtract Line 4 from Line 3. **5** _____|_____

Make your check payable to "Illinois Department of Revenue." (Pay this amount.)

Step 4: Sign below (You must sign and date your return.)

Under penalties of perjury, I state that I have examined this return; it is true, correct, and complete; and the total value of the prizes or merchandise awarded on any day did not exceed \$5,000.

Taxpayer or authorized officer's signature () Daytime telephone number Date

Paid tax preparer's signature () Daytime telephone number Date

Note: If you do not sign your return, it will be deemed as not filed and you may be subject to penalties as provided by law.

Mail your completed form and payment to:
Pull Tab Tax, Illinois Department of Revenue, P.O. Box 19019, Springfield, IL 62794-9019.



General Information

Each winning pull tab and jar game must be predetermined. The price for participating in such games can be no more than two dollars, and each prize awarded can be no more than \$500. No more than 6,000 tickets may be sold per game.

What is the deadline for filing this return?

This return is due on or before the 20th day following the end of the quarter. For example, if you are filing this return for the quarter ending March 31, it is due on or before April 20.

What if I fail to file this return and pay the amount I owe?

You owe a **late-filing penalty** if you do not file a processable return by the due date, a **late-payment penalty** if you do not pay the tax you owe by the date the tax is due, and a **bad check penalty** if your remittance is not honored by your

financial institution. Interest is calculated on tax from the day after the original due date of your return through the date you pay the tax. We will bill you for penalties and interest. For more information about penalties and interest, see Publication 103, Uniform Penalties and Interest. To receive a copy of this publication, visit our web site at tax.illinois.gov or call us at **1 800 356-6302**. In addition to imposing penalties and interest, we may suspend or revoke your pull tab license.

What if I have questions?

If you have questions about your

- return, call **217 782-6045**
- license, call **217 524-4164** weekdays between 8:00 a.m. and 4:30 p.m.

You may also write to us at: Pull Tab Tax, Illinois Department of Revenue, P.O. Box 19019, Springfield, IL 62794-9019.

Step 2: Figure your gross proceeds (Complete Columns A through L below.)

	A	B	C	D	E	F
	Date of game	Manufacturer's no.	Supplier's no.	Supplier's name	Name of game	Form number
1	___/___/___	PM - _____	PS - _____	_____	_____	_____
2	___/___/___	PM - _____	PS - _____	_____	_____	_____
3	___/___/___	PM - _____	PS - _____	_____	_____	_____
4	___/___/___	PM - _____	PS - _____	_____	_____	_____
5	___/___/___	PM - _____	PS - _____	_____	_____	_____
6	___/___/___	PM - _____	PS - _____	_____	_____	_____
7	___/___/___	PM - _____	PS - _____	_____	_____	_____
8	___/___/___	PM - _____	PS - _____	_____	_____	_____
9	___/___/___	PM - _____	PS - _____	_____	_____	_____
10	___/___/___	PM - _____	PS - _____	_____	_____	_____
11	___/___/___	PM - _____	PS - _____	_____	_____	_____
12	___/___/___	PM - _____	PS - _____	_____	_____	_____
13	___/___/___	PM - _____	PS - _____	_____	_____	_____
14	___/___/___	PM - _____	PS - _____	_____	_____	_____
15	___/___/___	PM - _____	PS - _____	_____	_____	_____

	G	H	I	J	K	L
	Serial no.	Sale price of ticket	Number of tickets sold per game	Gross proceeds (Multiply Columns H and I)	Total paid out (winnings)	Profit (Column J minus Column K)
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____

Write the total of Column J, Gross proceeds, here and on Step 3, Line 1, on the front of this form. _____

Note: If you need more space, attach additional pages using this format to list all the requested information for each game.